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EDITORIAL NOTES.

According to a recent publication of the United States Public Health and Marine Hospital Service, smallpox is and has been for the past few years quite prevalent throughout the United States. While the disease is of a mild type, and the mortality with few exceptions low, still it behooves us in California in general, and San Francisco in particular, to be constantly on our guard, and to in every way co-operate with the local and state Boards of Health in their endeavors to eradicate the disease.

During the year 1909 over 24,000 cases were reported in the United States, with a mortality ranging from .10% to .50% in most localities up to as high as 20% in Norfolk, Va., and even higher in a small epidemic in South Carolina. The figures for the state of California are incomplete, but the records of the San Francisco Isolation Hospital show that since 1900 an annual average of 124 cases have been treated, with a mortality of less than one-quarter of one per cent. for the past four years.

The reasons for calling attention at this time to a disease which seems for the time being at least to have lost its virulence are as follows: It is recognized that the severity of certain acute infectious diseases varies from year to year, running as it were in cycles. While at the present time we are experiencing an epidemic of smallpox accompanied by

a phenomenally low death rate, there is no reason why this may not at any time be greatly increased and the disease return to its former severity. Again, the last state legislature enacted a law making vaccination of school children no longer compulsory, a measure which may have appeared at the time expedient for political or other reasons, but which can have but one ultimate effect on the resistance of many of the coming generation. Finally, varicella is always present in the community and, with its frequently striking resemblance to variola and the difficulty at times of differentiating between the two, except by one of special training, mistakes are liable to and do occur not infrequently.

San Francisco physicians should report immediately to the city Board of Health all cases of varicella coming under their notice. This is necessary both to guard against the possibility of it being a mild case of variola, and, of almost as great importance, so that it and all contacts may be excluded from the public schools. As chicken-pox in itself is considered of so little importance, many of our local medical men have not been as careful as they should be in reporting the disease. As a result, much valuable time is annually lost to school children through acquiring the disease in the school room. In this connection it might be well to state that physicians occasionally do not report chicken-pox out of deference to the wishes of the parents, and the fear on their part that the house may be placarded, quarantined or disinfected. None of these things are done; the case is seen once by a diagnostician of the Board of Health; the patient and all contacts excluded from school for a period of three weeks from the onset of the rash, and the parents instructed to keep their children apart from those of their neighbors.

The very thorough system of school and other inspection perfected by the Board of Health is daily bringing to light cases of neglect on the part of the family physician. As an example of this, within the past two weeks it has been necessary to in one day exclude the children of fourteen families from school, each case being directly traceable to class room contact with such a case which had been seen but not reported by a physician. Such negligence, though, is becoming more and more the exception.

L. D. M.

When Bier in 1899 published his new method of anesthesia by the sub-arachnoid injection of cocain, it immediately took the fancy of the profession, appealing to them with the force of the long awaited at last discovered safe substitute for the dangerous general anesthetics, chloroform and ether. In spite of the warn-

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AND SPINAL
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ing of Bier to go slow and be careful, the new method spread over the world with a wave of enthusiasm. Then the inevitable reaction set in, for the cocain was too toxic and the spinal method gave a far higher mortality than chloroform. Then began the search for substitutes, and in rapid succession were tried A eucain, B eucain, novocain, tropacocain, alypin, stovain. Of these, only tropacocain and stovain have survived, the former being preferred by Bier on account of its greater safety, the latter by many other operators on account of its deeper anesthetizing and greater muscle relaxing power. In fact, it is this very power of paralyzing the motor nerves that constitutes its greatest virtue and at the same time its greatest danger, giving perfect relaxation of sphincter in anal operations, so that dilatation is unnecessary, likewise relaxing the abdominal muscles for laparotomies and the muscles of the lower limbs for adjustment of fracture, etc., but unfortunately also liable to give us a paralysis of the phrenic nerve if the patient's head is incautiously lowered. It is this potential danger that causes the fear of this drug in many minds. The introduction of these two drugs saved spinal anesthesia from oblivion, and with the perfection of technic the method was finding its level as one of the several methods of anesthesia to be applied in appropriate and selected cases, when suddenly Jonnesco burst on the scene like a hurricane, and, after a whirlwind campaign, chiefly in the newspapers, departed for the land of his birth, leaving behind him a path of desolation for the future of spinal anesthesia. He claimed to have revolutionized sp. stovanization and to have robbed it of all its dangers by the simple addition of strychnin, so that he not only injected into the lumbar spine but even into the high dorsal spine with perfect impunity to the patient, getting perfect anesthetics all the time and absolutely no evil results; nay, that for the past two years he has not used a general anesthetic at all. Although his claims seemed preposterous and more like the vauntings of a charlatan than a man of science, still he was given a fair hearing and an opportunity to demonstrate his method. What was the result? In this country, "of seven high spinal analgesias four resulted unfavorably, one patient being constantly delirious on the table and afterward at intervals for twelve hours, also requiring 12 min. artificial respiration to restore this function after a 12-min. operation (osteoma of forehead). Second case, superficial chest operation, no anesthesia, required chloroform. Third case, did not succeed in drawing off spinal fluid, ether given. Fourth case, amputation of breast, patient nearly died, later ether had to be given. Furthermore, one death and one partial paralysis in Philadelphia following method by imitators of Jonnesco." (John J. Moorehead, *Journal A. M. A.*, January 22, 1910.) And this by the man who later claimed before the French Surgical Congress in Paris, October 3, 1910, that he had personally given 1005 injections, of which 238 were high punctures, and had had no deaths or even severe accompanying symptoms. In the discussion, adverse criticism of his methods did not seem to diminish Jonnesco's enthusiasm in the least. The

affair seems to have taken the same course in England as in the United States. In the *British Medical Journal*, April 2, 1910, G. A. H. Barton writes, under *Dangers of Spinal Anesthesia*, 'Voyez comme il sourit en regardant ses intestins.' This was the burden of Professor Jonnesco's song at the Royal Society of Medicine, and beyond photographs depicting this happy state of affairs and his own assurance that this method was perfectly safe, he presented no convincing evidence that it was in any way superior either to general anesthesia or to the method evolved in this country by Mr. Barker. (Stovain in 5% glucose solution.—A. N.) However, in spite of this, and in spite of the indifferent results he obtained at the Seamen's Hospital (only one completely satisfactory anesthesia in three cases) the method was acclaimed by a section of the profession and eulogized by the lay press, the public being beguiled into a belief of its absolute safety. . . . And now we find the patient does not always regard his intestines with a smile. All honor to Messrs. Milward and Gabbett for publishing their fatalities, etc." The two fatalities referred to were published, one by Milward in *British Medical Journal*, March 26, 1910; the other by Gabbett, *British Medical Journal*, March 29, 1910. The latter writes: "In the *British Medical Journal* for November 13, 1909, I read the following statement by Professor Jonnesco: 'General spinal anesthesia is absolutely safe, it has never caused death nor any important complications.' He then proceeds to report a death under novocain-strychnin anesthesia during operation for elephantiasis scroti. Puncture was between twelfth dorsal and first lumbar vertebrae. He thinks the strychnin caused death, as there was spasm of the arms and chest before exitus. Had used novocain alone in many cases previously without accident. Milward's case was one of bowel obstruction in which he used stovain and strychnin, patient showing alarming symptoms in six minutes and dying in twelve minutes. Autopsy showed lungs clear of vomited material. Before coming to England Jonnesco had brought his method up before the German Surgical Society in Berlin, when 'Bier declared that the method must be rejected, and Rehn of Frankfort stated that animal experiments showed considerable danger in injections above the lumbar region. In explanation of this hostility Jonnesco says that as he expected the method would be considered too novel and too hard to be accepted without opposition, predicting, however, that in a short time his method of general spinal anesthesia would be generally accepted.'" (Moorhead.)

Now, what shall we think of a man who in the face of these facts persists in declaring and advertising—no patent medicine exploiter ever made more clever use of the lay press than Jonnesco did—his method of general spinal anesthesia as free from all danger whatsoever? Does he deliberately deceive, or is he a fanatic who cannot see any wrong in his method? Let us charitably consider him a blind fanatic, who may have meant well but whose advent has done more to damage the cause of spinal anesthesia than any event that heretofore has happened.

A. N.